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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Cambodia

Proposed UNFPA assistance:	$26 million, $15 million from regular resources and $11 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2001-2005)
Cycle of assistance:	Second
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	11.5	9.5	21.0
Population and development strategies	2.0	0.5	2.5
Advocacy	1.0	1.0	2.0
Programme coordination and assistance	0.5	0.0	0.5
Total	15.0	11.0	26.0

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CAMBODIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	47.0	≥60
Contraceptive prevalence rate (%)[2]	29.00	≥55
Access to basic health services (%)[3]	53.0	≥60
Infant mortality rate (/1000)[4]	116	≤50
Maternal mortality ratio (/100,000)[5]	500	≤100
Gross female enrolment rate at primary level (%)[6]	90.0	≥75
Adult female literacy rate (%)[7]	65.0	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

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[1] WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.
[2] United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.
[3] UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.
[4] United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.
[5] UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992. Government data indicate a ratio of 473 per 100,000 live births.
[6] United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.
[7] UNESCO, 1996, Education for All: Achieving the Goal, Statistical Document.
Two dashes (--) indicates that data are not available.

Demographic Facts

Population (000) in 2000	11,168	Annual population growth rate (%)	1.77
Population in year 2015 (000)	14,403	Total fertility rate (/woman)	4.20
Sex ratio (/100 females)	95.2	Life expectancy at birth (years)	
Age distribution (%)		Males	51.7
Ages 0-14	40.8	Females	56.2
Youth (15-24)	16.4	Both sexes	54.1
Ages 60+	4.9	GNP per capita (US dollars, 1997)	300

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, World Population Prospects: The 1998 Revision; GNP per capita is from the World Bank.

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2001-2005 to assist the Government of Cambodia in achieving its population and development goals. UNFPA proposes to fund the programme in the amount of $26 million, of which $15 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $11 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the Fund's second programme of assistance to the country. Cambodia is a "Category A" country under the Fund's resource allocation criteria.

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations and takes into account the national policies, priorities and strategies expressed in the Government's latest 3-year rolling plan under the Second National Socio-Economic Development Plan 2001-2005. Poverty alleviation and human development are the major priority areas of the Plan. The proposed programme is based on the recommendations of the UNFPA Country Population Assessment (CPA) exercise which concluded in February 2000 and involved national experts, the UNFPA Country Technical Services Team (CST) based in Bangkok, Thailand, UNICEF and WHO. The proposed programme draws on the Common Country Assessment (CCA) and is consistent with the United Nations Development Assistance Framework (UNDAF). The CCA exercise proved to be a very positive experience and has stimulated several collaborative inter-agency activities. The proposed programme would be harmonized with those of UNDP and UNICEF.

3. The goal of the proposed programme would be to contribute to the improved well-being of the Cambodian people through better reproductive health; increased gender equality; and a sustainable balance between population, resources and socio-economic development. UNFPA support would be channelled through three subprogrammes focusing on reproductive health; population and development strategies (PDS); and advocacy.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the United Nations General Assembly in its resolution 49/128.

Background

5. The 1998 population census estimated the population of Cambodia to be 11.4 million,[1] with women accounting for 51.8 per cent of the population. The annual population growth rate

[1] *Unless otherwise indicated, the data given in the text are from governmental sources and may vary from the data in the fact sheet.*

is estimated to be 2.5 per cent. Cambodia has a young population with 42.5 per cent of the total population being under the age of 15. This implies continuing high population growth, even with significant fertility decline. Life expectancy at birth is 58.6 years for females and 50.3 years for males.

6. The census indicated a total fertility rate (TFR) of 5.3 children per woman. The mean age at marriage is 24.2 years for males and 22.5 years for females. The contraceptive prevalence rate (CPR) is 16.1 per cent, a significant increase from 6.9 per cent in 1995. The most common contraceptive methods used are injectables and oral pills. The use of male and permanent methods is low. Condoms are primarily used for the prevention of sexually transmitted diseases (STDs), including HIV/AIDS. The gap between contraceptive knowledge and use is high, leading to unwanted pregnancies and unsafe abortions. Adolescent pregnancy remains a major concern due to the risks associated with maternal morbidity and mortality. It is estimated that 9 per cent of girls become mothers between the ages of 13 and 19. The maternal mortality ratio (MMR) is estimated to be 473 per 100,000 live births. Antenatal care and attendance by a trained person during delivery are low -- less than 50 per cent and 34 per cent respectively. Other factors contributing to the high MMR are frequent and closely spaced pregnancies, lack of qualified service providers and poor access to, and quality of, services.

7. Cambodia has the most serious HIV/AIDS epidemic outside of sub-Saharan Africa. Projections by the National Center for HIV/AIDS/STDs and Dermatology indicate that over 200,000 HIV-infections would occur by 2000, with a prevalence rate of 5.11 per cent. Heterosexual transmission of HIV accounts for the majority of the cases of infection. The contributory factors to the epidemic are poverty, labour migration and the widespread patronage of sex workers.

8. Cambodia's gross national product per capita is $139. The country has made slow economic progress and has been impacted by the Asian financial crisis. Having long suffered from political instability, Cambodia has been able to maintain peace since December 1998. The country is dependent on donor assistance amounting to 14 per cent of the gross domestic product. Substantial gender gaps exist in education. Rural-urban disparities in development indicators are evident. Gender concerns have not yet been fully integrated into development plans and programmes. However, concerted efforts are under way, spearheaded by the Ministry of Women's and Veterans' Affairs (MWVA). In 1992, Cambodia ratified the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). Cambodia has no comprehensive population policy. Several key government sectors, however, have recently shown interest in formulating a national population and development policy.

9. The health sector reform began in 1995 with the Ministry of Health approving a new health coverage system entitled the National Health Coverage Plan (1996-2000). The Plan seeks to optimize the allocation of scarce health resources. A two-tier referral system has been adopted and districts have been rationalized as operational districts in accordance with coverage and

access to health facilities, rather than in terms of administrative zones used for other purposes such as the census. At the end of 1999 only 45 out of 79 operational districts were functional. The implementation of the Plan includes the provision of the minimum package of activities at health centre level and the complementary package of activities at referral hospitals. Under the health sector reform, the Government is endeavouring to increase the number of functioning health centres.

Previous UNFPA assistance

10. UNFPA assistance to Cambodia began in 1994. The first UNFPA-supported country programme 1997-2000, was approved in the amount of $16 million, of which $2 million was through co-financing modalities and/or other, including regular, resources. It is estimated that the first country programme expended approximately $14.2 million from regular resources, and $3.5 million from other resources, mobilized from the Governments of the United Kingdom and Australia. The European Commission contributed $4.4 million to UNFPA under the European Commission/UNFPA Initiative for Reproductive Health in Asia. This initiative supports the only large-scale adolescent reproductive health programme in the country and the first major non-governmental organization (NGO) capacity-building programme.

11. The reproductive health/birth spacing and sexual health (RH/BS) projects contributed to increasing the availability of birth spacing methods. The CPR for modern methods increased considerably, inter alia, through the provision of clinical and management training to Ministry of Health staff at all levels; and the expansion of birth spacing activities from 8 to 22 provinces, out of a total of 24 provinces. In 2 pilot districts, Safe Motherhood initiatives, which provided essential obstetric care in provincial and referral hospitals, developed a tool for reviewing maternal deaths. Community-based activities for outreach counselling and referrals by women volunteers proved successful in linking village women to public health facilities. The RH/BS projects, however, faced internal and external constraints such as rapid staff turnover, both local and international; difficulty and delay in recruiting external advisers; a multiplicity of implementing agencies; poor coordination and communication between executing and implementing agencies; slow implementation of the STD component; and political unrest in July 1997, with the subsequent withdrawal of some donors.

12. In the PDS area, UNFPA assisted the Government in successfully conducting a nationwide population census in 1998, the first since 1962. The census has provided reliable nationwide data. UNFPA support contributed to strengthening the technical capacity of the National Institute of Statistics. The Fund also supported the Demographic Health Survey (DHS) 2000, which is co-funded by the United States Agency for International Development (USAID) and UNICEF. In addition, UNFPA provided assistance to the Ministry of Planning, the Council of Ministers, the demographic teaching project at the Royal University of Phnom Penh and the Royal School of Administration, inter alia, for national population policy formulation; integration of population variables into national, sectoral and provincial plans and programmes;

and training in demography. In the area of advocacy, UNFPA support for the census project was highly successful in creating a supportive environment. Advocacy to promote gender equality and prevent trafficking of women and domestic violence was carried out by a number of NGOs and MWVA. The prevention of trafficking and violence against women has become a national issue, with anti-trafficking legislation being passed in 1996. UNFPA supported the establishment of the Gender Resource and Information Programme in MWVA.

13. The key lessons learned from the past programme include the following: (a) men, adolescents, and unmarried women have not received adequate attention with regard to reproductive health and need to be specifically targeted; (b) support for the health sector reform framework is essential to ensure that reproductive health concerns are addressed in an integrated manner; (c) reliable data is necessary for the formulation of a population policy; (d) data utilization and analysis by sectoral ministries and provincial authorities remains a challenge; and (e) concerted advocacy efforts, particularly using the existing NGO networks are needed to create broad-based political commitment for population, gender, and reproductive health issues.

Other external assistance

14. Since 1994, UNFPA has been the major provider of support to the Government in the introduction of family planning on a national scale. Birth spacing was officially introduced in December 1995. During the last five years, multilateral and bilateral donor agencies such as the Asian Development Bank, the Australian Agency for International Development (AusAID), Kreditanstalt für Weideraufbau (KfW), the Department for International Development (DFID) of the United Kingdom, the European Commission, French Cooperation, Deutsche Gesellschaft für Technische Zumsammenarbeit (GTZ), the Japan International Cooperation Agency (JICA), UNICEF, USAID, WHO and the World Bank have provided assistance to population and reproductive health programmes. In the area of gender, UNDP, JICA, GTZ and UNICEF have been the main donors. The United Nations theme group on HIV/AIDS has effectively coordinated activities carried out by the United Nations agencies. UNFPA has chaired the theme group in 1999 and 2000, and has been identified as a lead agency for reproductive health and gender. International NGOs have provided substantial financial and technical support in the population and health fields. NGOs are coordinated through a health sector umbrella NGO called Medical Cambodia.

15. UNFPA continues to be the lead agency in Cambodia for advocating population and development, reproductive health and gender issues. As a United Nations agency, UNFPA receives the bipartisan support of major political parties and Ministers and is therefore well placed to advocate implementation of the ICPD Programme of Action and the key actions agreed at the special session of the United Nations General Assembly on ICPD+5. With the successful outcome of the 1998 population census and the results of the 2000 DHS, UNFPA is now uniquely positioned to initiate a broad-based policy dialogue on population and reproductive health matters; launch fact-based advocacy efforts on reproductive health and rights; and lead the

establishment of common indicators under UNDAF. UNFPA has developed an effective working relationship with a number of local and international NGOs through the European Commission/UNFPA Initiative for Reproductive Health in Asia. Under the proposed programme, the Fund would capitalize and build on that experience with NGOs. It should be noted that the Government's highly supportive outlook towards NGOs has been conducive to forging partnerships and strengthening collaboration. Under the proposed programme, UNFPA would collaborate with GTZ, UNICEF and WHO in the health sector, UNESCO in education, the European Union and the World Bank in HIV/AIDS prevention, the Asian Development Bank in development planning, and UNDP in the area of gender.

Proposed programme

16. The overall goal of the proposed programme is noted in paragraph 3. Gender concerns would be mainstreamed in the three subprogrammes. The proposed programme's main strategic focus would be on: (a) supporting the national reproductive health programme within the framework of the health sector reform; (b) providing adolescent reproductive health information and services through NGOs; (c) using a multisectoral approach for HIV/AIDS prevention; (d) improving data utilization and analysis in planning; and (e) undertaking advocacy for population and development issues.

17. Reproductive health. The purpose of the reproductive health subprogramme would be to contribute to increased utilization of reproductive health information and services by women, men and adolescents through improving quality and access. At the provincial level, UNFPA support would be provided to 15 out of 24 provinces. The Government, GTZ, UNICEF and WHO are presently engaged in the process of selecting the provinces. At the district level UNFPA support would be provided to all functioning health centres throughout the country.

18. The first expected output of the reproductive health subprogramme would be increased access to integrated reproductive health services through improving service provision at functioning health centres nationwide. Support would be provided for training, IEC campaigns and equipment. UNFPA would collaborate with other donors to ensure that the Government would have reliable logistics forecasting, management and distribution of contraceptives, including 100 per cent availability of pills, condoms and injectables. Under the community-based distribution programmes, male peer educators would be recruited and trained to specifically target male clients and coverage by women volunteers would be expanded to additional districts, focusing on targeting both married and unmarried women. UNFPA would support the implementation of the Government's 100 per cent condom use strategy in at least two provinces, in collaboration with the European Commission and the World Bank. South-South cooperation would be sought, for example, with Thailand, in combating HIV/AIDS.

19. The second expected output of the reproductive health subprogramme would be the strengthened capacity of the Ministry of Health to manage and provide quality reproductive

health services at all levels, paying special attention to midwifery. To complement the health advisers of GTZ, UNICEF, and WHO, UNFPA would support international volunteers and/or national advisers to strengthen supervision and monitoring in selected provinces. Under the proposed programme, UNFPA would seek to support increased utilization of the Safe Motherhood clinical management procedures developed under the last programme. In the area of midwifery training, UNFPA would collaborate with other United Nations agencies and NGOs to train nurses at existing health centres and to re-establish formal midwifery training in one of the four Regional Training Centres. Guidelines for the management of post-abortion complications would be provided, together with appropriate equipment and training. UNFPA would support strengthening the capacity to generate, analyse and use accurate reproductive health data at all levels by contributing to the improvement of the Health Information System.

20. The third expected output of the reproductive health subprogramme would be strengthened capacity of the National Center for Health Promotion (NCHP) of the Ministry of Health and selected NGOs to develop systematic IEC interventions in support of reproductive health, including adolescent reproductive health; gender equality; male responsibility; and the prevention of STDs/HIV/AIDS. UNFPA would support NCHP and NGOs to systematically plan, coordinate and carry out IEC activities at provincial and community levels with IEC and multi-media campaigns designed to target specific groups, particularly adolescents, boys and men. The fourth expected output of the reproductive health subprogramme would be strengthened technical and management capacity of selected local NGOs working in the areas of reproductive health, advocacy, gender and adolescent reproductive health. In addition to developing relevant programmes and strategies, UNFPA would support increasing the number of local NGOs participating in the capacity-building NGO programme.

21. The fifth expected output of the reproductive health subprogramme would be improved access to adolescent reproductive health information, education, counselling and services through the establishment of and support to NGO initiatives on adolescent reproductive health in selected provincial capitals. Youth centres providing youth-friendly reproductive and sexual health education and services would be strengthened and replicated. Peer education and outreach programmes would be developed and expanded to reach in-school and out-of-school youth. Community leaders, teachers, parents and monks would be informed and educated on adolescent reproductive health issues in order to increase their understanding and gain their support. In collaboration with UNESCO and UNICEF, special modules on adolescent reproductive health would be integrated into primary and early secondary school health education materials.

22. An amount of $21.0 million would be allocated to the reproductive health subprogramme, of which $11.5 million would be from regular resources and $9.5 million would be sought through co-financing modalities and/or other resources.

23. Reproductive health commodity security. The estimated costs of contraceptives needed for 2001-2005 are as follows: $5.6 million for injectables; $1.6 million for combined oral

contraceptives; $6 million for progesterone-only pills; $5,000 for intra-uterine devices; and $2.1 million for condoms. Following its suspension of aid in 1997, KfW has renewed its commitment to provide contraceptives up to the year 2000. UNFPA would assist the Government in approaching donor partners to seek support to ensure continuity in the supply and availability of reproductive health commodities.

24. Population and development strategies. The purpose of the PDS subprogramme would be to contribute to: (a) the adoption of a gender-sensitive national population and development policy; (b) the integration of population and gender concerns in sectoral development plans and strategies; and (c) the utilization of census data by policy makers, programme planners and other development partners. Activities would be supported at national and provincial levels. The first expected output of the PDS subprogramme would be the establishment of a comprehensive database and the dissemination of data in support of gender-sensitive population and reproductive health policies and programmes. National data from various sources such as the 1998 census, the 2000 DHS, socio-economic surveys, national health surveys, knowledge, attitude and practice studies, and the inter-census survey would be analysed, synthesized and made available for the development of sector policies, plans and programmes. The establishment of UNDAF indicators would also be supported through the National Institute of Statistics. Expanded electronic communication would be used to increase access to data and information. The second expected output of the PDS subprogramme would be the strengthened capacity of relevant ministries, provincial authorities and selected NGOs to utilize data for mainstreaming population and gender concerns in existing national and sectoral policies and programmes. Training would be conducted for the participating ministries and development partners on data retrieval, analysis, integration and presentation.

25. The third expected output of the PDS subprogramme would be the establishment of an institutional framework for the development, management and implementation of a national population and development policy. In the implementation of this policy, the roles and responsibilities of participating agencies would be delineated and coordination mechanisms established. Training would be conducted by the Royal School of Administration for officials from the concerned ministries. The fourth expected output of the PDS subprogramme would be enhanced technical capacity to formulate and implement population, gender and development policies. Using available national and local data, training on population and development would be provided for national and provincial officials.

26. An amount of $2.5 million would be allocated to the PDS subprogramme, of which $2 million would be from regular resources and $0.5 million would be sought through co-financing modalities and/or other resources.

27. Advocacy. The purpose of the advocacy subprogramme would be to increase political and community support at national and local levels for a sustainable, comprehensive reproductive health programme including HIV/AIDS prevention, reduction of maternal

mortality, promotion of adolescent reproductive health and gender equality, and the elimination of violence against women. Activities would be supported at national and community levels.

28. The expected outputs of the advocacy subprogramme would include: (a) the strengthened capacity of relevant government organizations and NGOs to develop and implement advocacy efforts; (b) increased understanding and commitment of parliamentarians and policy makers to address population and gender issues; and (c) increased support to community leaders, mass media organizations, NGOs, provincial authorities, village chiefs, and monks to promote population, gender, reproductive health and HIV/AIDS prevention issues. UNFPA would support special training programmes in advocacy to strengthen the capacity of government organizations, especially the Council of Ministers and the Ministry of Planning, the National AIDS Authority, MWVA and selected NGOs. Special attention would be focused on effective advocacy methods such as leadership development, coalition building and political lobbying. Fact-based and effective advocacy messages and materials would be prepared and distributed. Support would be provided for special workshops and updated information/media kits for journalists and other media personnel.

29. An amount of $2.0 million would be allocated for the advocacy subprogramme, of which $1.0 million would be from regular resources and $1.0 million would be sought through co-financing modalities and/or other resources.

Programme implementation, coordination, monitoring and evaluation

30. The proposed programme would be executed and implemented by Government ministries, United Nations agencies and international and local NGOs. National execution modalities would be maximized. UNFPA would limit its execution primarily to the procurement of equipment and certain training and personnel components. To facilitate coordination and collaboration, mechanisms would be established to link all the organizations working under the proposed programme. Concrete steps would be taken to promote closer cooperation in the health sector with all donors. Guided by the UNDAF process for Cambodia, such coordination would enable a more focused approach and the effective use of resources.

31. The Ministry of Health would have primary responsibility for the execution and implementation of the reproductive health subprogramme. The PDS subprogramme would be implemented by the Council of Ministers and the Ministry of Planning and executed by international NGOs. The advocacy subprogramme would be implemented by MWVA and local NGOs and executed by NGOs, UNESCO and UNICEF. The NGOs participating in the proposed programme would be coordinated through the mechanism used in Cambodia under the European Commission/UNFPA Initiative for Reproductive Health in Asia: a technical committee composed of executive members from the Ministry of Health, MWVA, various NGOs, UNICEF, WHO and UNFPA meets semi-annually and provides technical guidance; another committee, called the Coordination Meeting, composed of 23 local NGOs engaged in implementation and 7

international NGOs providing technical assistance, meets on a quarterly basis to ensure coordination.

32. The UNFPA country office in Cambodia is composed of a Representative, a Deputy Representative, a National Programme Officer, a National Programme Assistant and six administrative support staff. The implementation of the proposed programme might require additional international staff and national professional project personnel to strengthen technical and managerial support to the projects. Technical backstopping would be provided by national and international experts including the CST based in Bangkok, Thailand.

33. Programme implementation would be monitored and evaluated in accordance with the established UNFPA guidelines and procedures. All activities and component projects in the sub-programmes would be monitored closely, inter alia, through field visits and the use of indicators, including such output indicators as the number of health centres providing birth spacing services; the number of multi-media IEC campaigns; the increased number of NGO youth centres; special modules developed on adolescent health; the percentage of trained staff incorporating population and gender concerns in development plans and programmes; functional coordination mechanisms for participating agencies; and increased information materials on reproductive health, gender and HIV/AIDS issues. At the goal level, indicators would include MMR, IMR and CPR. The 1998 census and the 2000 DHS would provide baseline data. Data from subsequent surveys and the Health Information System would be utilized to measure programme progress and impact. To the extent possible, joint evaluation and monitoring would be undertaken for the areas covered by UNFPA, UNICEF and WHO. In addition to the annual reviews, an evaluation of indicators would be conducted during a joint United Nations mid-term review in 2003, and adjustments would be made as needed. A final evaluation would be carried out towards the end of the second country programme to provide inputs for future programmes.

34. Under the proposed programme, the amount of $0.5 million from regular resources would be allocated for programme coordination and assistance.

Recommendation

35. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Cambodia, as presented above, in the amount of $26 million for the period 2001-2005, $15 million of which would be programmed from the Fund's regular resources, to the extent such resources are available, and the balance of $11 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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